

FEC FORM 2  
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Dr. Marcia Karen Abrams MDiv, DD, PhD</u>			2. FEC Candidate Identification Number <u>C00624239</u>	
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>204 Helen Street</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code <u>Fayetteville, North Carolina 28303</u>			6. State & District of Candidate <u>North Carolina</u>	
4. Party Affiliation <u>Republican</u>		5. Office Sought <u>President</u>		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)  
DR. MARCIA KAREN ABRAMS FOR UNITED STATES SENATE

(b) Address (number and street)  
204 HELEN Street

(c) City, State, and ZIP Code  
Fayetteville, North Carolina 28303

DESIGNATION OF OTHER AUTHORIZED COMMITTEES  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)  
DR. MARCIA KAREN ABRAMS FOR UNITED STATES SENATE

(b) Address (number and street)  
@ 204 Helen Street

(c) City, State, and ZIP Code  
Fayetteville, North Carolina 28303

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Dr. Marcia Karen Abrams PhD

Date

10/28/2016

Dr. Marcia Karen Abrams, MDiv, DD, PhD

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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